



PATENT
Atty. Docket No.: 2497 CIP3 CON4
(203-3450 CIP3 CON4)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kieturakis et al. Examiner: TBD
Serial No.: 10/786,873 Group: Art Unit TBD
Filed: February 25, 2004 Dated: October 7, 2004
For: **APPARATUS AND METHOD FOR
DISSECTING TISSUE LAYERS**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDIT. RATE FEE		ADDIT. RATE FEE	
TOTAL	*14	MINUS	** 20	=	X 9	\$		X 18	\$ 0	
INDEP.	*1	MINUS	** 3	=	X 43	\$		X 86	\$ 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X 140	\$		X 280	\$ 0	
					TOTAL			OR TOTAL	\$ 0	
					ADDIT. FEE		\$ -0-			

- * If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

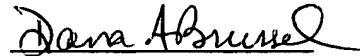
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: October 7, 2004


Jennifer Puente

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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DAB/jjp

Appl. No. 10/786,873
Amdt. dated October 7, 2004

Jaw



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EXAMINER: TBD

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PRELIMINARY AMENDMENT

Sir:

Prior to examination, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks begin on page 5 of this paper.

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